

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. <u>10-11091023</u>		FILING DATE	
						APPLICANT(S)			
7/25/03 1/10/05 CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/		/					
2	/	/		/					
3	/	/		/					
4	/	/		/					
5	/	/		/					
6	/	/		/					
7	/	/		/					
8	/	/		/					
9	/	/		/					
10	/	/		/					
11	/	/		/					
12	/	/		/					
13	/	/		/					
14	/	/		/					
15	/	/		/					
16	/	/		/					
17	/	/		/					
18	/	/		/					
19	/	/		/					
20	/	/		/					
21	/	/		/					
22	/	/		/					
23	/	/		/					
24	/	/		/					
25	/	/		/					
26	/	/		/					
27	/	/		/					
28	/	/		/					
29	/	/		/					
30	/	/		/					
31	/	/		/					
32	/	/		/					
33	/	/		/					
34	/	/		/					
35	/	/		/					
36	/	/		/					
37	/	/		/					
38	/	/		/					
39	/	/		/					
40	/	/		/					
41	/	/		/					
42	/	/		/					
43	/	/		/					
44	/	/		/					
45	/	/		/					
46	/	/		/					
47	/	/		/					
48	/	/		/					
49	/	/		/					
50	/	/		/					
TOTAL D.	2	3	4						
TOTAL P.	18	13	8						
TOTAL AIMS	20	16	12						
TOTAL IND.									
TOTAL DEP.									
TOTAL CLAIMS									